Agenda USA.org—FEC Registration Number: Coo580936

RECEIVED FEC HAIL CENTER

2015 OCT 13 AM 11: 26

PO BX 3193

Lavale, MD 21504

October 1, 2015

Federal Election Commission

999 E Street, NW

Washington, DC 20463

Re: FEC Form 1, Amendments.

Dear Sir or Madam:

In order to remain in FEC compliance we are submitting just (2) changes to our organization:

- 1. The addition of our recently completed website for our committee and the appropriate URL: http://www.agendausa.org.
- 2. We have closed our (previous) bank account and opened a NEW bank account which is located at: SECU Credit Union of Maryland, 12200 Winchester Road, Lavale, MD 21502

Respectfully submitted,

Diane L. time

Diane L. Kline

Treasurer

2015 0 HM: OM: COCKOMMM

FEC

Only

STATEMENT OF **ORGANIZATION**

RECEIVED EC MAIL CENTER

(Revised 02/2009)

2015 OCT 13 AM 11: 26 FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. genda US*F* ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) director@agendausa.org (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.agendausa.org (Check if address is changed) 2015 DATE 2. c00580936 FEC IDENTIFICATION NUMBER IS THIS STATEMENT AMENDED (A) NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Diane L. Kline Type or Print Name of Treasurer 10" 01" 2015 Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Use Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

FE	EC Form 1 (Revised 02/2009)	Page 2			
	OF COMMITTEE				
Candidate Committee:					
(a)	This committee is a principal campaign committee. (Complete the candidate information below	v.)			
(p)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name Candid	l .	<u> </u>			
Candid Party	date Office House Senate President	State District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candid					
Party	y Committee:				
(d)	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party			
Politi	ical Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a			
	Corporation Corporation w/o Capital Stock	Labor Organization			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint	Fundraising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political			
	Committees Participating in Joint Fundraiser				
	1. FEC ID number C				
	2. FEC ID number C	n yn de fae feligiaeth y de fel Eith ar fel faeith y de fel y			
	3. FEC ID number C	a gordina por o desarrolla. E a el ella della comuna			
	4.				

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FEC Form 1 (Revis	red 02/2009)	Page: 3			
Write or Type Committee N					
Agenda US	A				
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor			
	<u> </u>				
Mailing Address					
	CITY STATE	ZIP CODE			
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso			
books and records.	Identify by name, address (phone number optional) and position of the perso	n in possession of committee			
Full Name Diar	ne L. Kline				
Mailing Address	Post Office Box 3193	1111111111			
	Lavale MD	21504			
Title or Position	CITY STATE	ZIP CODE			
Treasurer	Telephone number [301,	[525[6902_			
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).					
Full Name of Treasurer	ine L., Kline				
Mailing Address	Post Office Box 3193				
	Lavale MD (2,1504			
Title or Position Treasurer	Telephone number	[5256902			

Page 4

FEC Form 1 (Revised 02/2009)

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Federal Election Commission

Attention: FEC Form 1 (Amendments)

999 E Street, N.W. Washington, D. C. 20463

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
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Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
	Next Business Day Delivery			
Date of Receipt Received from House Records & Registration Office				
Received from Senate Public Records Offic	Date of Receipt ce			
Received from Electronic Filing Office	Date of Receipt			
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